

**Chemical Terrorism Urine Specimen Collection and Shipping Manifest**

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<b>LA DHH-OPH CENTRAL LABORATORY CHEMICAL TERRORISM URINE SPECIMEN COLLECTION AND SHIPPING MANIFEST</b>		
DATE SHIPPED: _____		
SHIPPED BY: _____		
CONTACT TELEPHONE: _____		
SIGNATURE: _____		
DATE RECEIVED _____		
RECEIVED BY: _____		
SIGNATURE: _____		
TOTAL NUMBER OF SPECIMENS IN THIS CONTAINER:	URINE CUPS:	
TOTAL NUMBER OF BLANK URINE CUPS PROVIDED IN THIS CONTAINER:	BLANK URINE CUPS:	
COMMENTS: _____		
_____		
_____		
_____		
_____		
_____		
_____		

SHIPPING ADDRESS: LA DHH-OPH CENTRAL LABORATORY  
ATTN: CHEMICAL TERRORISM UNIT  
3101 W. NAPOLEON AVE  
METAIRIE, LA 70001  
PHONE: 504-458-9537  
FAX: 504-219-4670

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PLEASE INDICATE THE AMOUNT OF URINE COLLECTED IN THE UC COLUMN UC = URINE CUP		
Patient/Victim ID Label	UC (Volume)	Comments:
		<hr/> <hr/> <hr/>
		<hr/> <hr/> <hr/>
		<hr/> <hr/> <hr/>
		<hr/> <hr/> <hr/>
		<hr/> <hr/> <hr/>

Note: Please include 2 empty urine cups from each lot number collected for background contamination measurement.

Packed by(print):	Signature:
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